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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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**TRANSMITTAL  
FORM**

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	Not available (Ranger/Hybrid Automatic Self-Metering Nozzle, with Ratio-Selectable & Flow Meter Features)	
	Filing Date	Oct 3, 2003	
	First Named Inventor	Crabtree, Dennis W.	
	Art Unit	not available	
	Examiner Name	not available	
Total Number of Pages in This Submission	18	Attorney Docket Number	50049

**ENCLOSURES (check all that apply)**


<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Formal Drawing(s) (18 pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
<b>Remarks</b> It is believed that no fees are due. Notwithstanding, the Commissioner is authorized to charge any fees incurred to Deposit Account No.50-1753 (50049).  22929		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

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Firm or Individual name	Sue Z. Shaper
Signature	
Date	December 4, 2003

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